

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014923

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

274

FILED APR 18 1963

1. PLACE OF DEATH
a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

10 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Boone County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY
OR TOWN

SEDALIA

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
1205 E. 14TH ST

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Roy

Middle

LEWIS

Last

EIRLS

4. DATE
OF DEATH

Month

Day

Year

April 13, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-19-1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FURNACE LOADER

10b. KIND OF BUSINESS OR INDUSTRY

GLASS FACTORY

11. BIRTHPLACE (City and state or country)

KNOBBY, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ANDREW JACKSON EIRLS

13b. MOTHER'S MAIDEN NAME

CHANCELLOR PERMELIA FOWLER

14. NAME OF HUSBAND OR WIFE

MRS. Roy EIRLS SEDALIA, MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

MRS. Roy EIRLS

Address

SEDALIA, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH

1 MO

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CARCINOMA of Lt Lung

1 MO

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

4/3/63

to

4/13/63

and last saw her
him alive on

4/13/63

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Prof Bldg. Columbia Mo

22c. DATE/SIGNED

(State) 4/13/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-13-1963

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK CEMETERY, SEDALIA, MO

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin Funeral Home, Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Apr 13, 1963

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

b109

2,808

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9163X

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11

121-0

133-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision:

Student _____

Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 44722

P. O. Address Columbia MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.